08/06/2008 22:51 FAX 2024429430

HRA

**2013** 

		I AND HUMAN SERVICES  & MEDICAID SERVICES			FORM	): 08/07/2008 A APPROVED	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUI	TIPLE CONSTRUCTION	(XS) DATE:	OMB NO. 0938-039* (XB) DATE SURVEY COMPLETED	
		09 <b>G22</b> 1·	B. WING				
NAME OF F	HOVIDER OR SUPPLIZA		Is	TREET ADDRESS, CITY, STATE, ZIP CO		01/2008	
MARJUL	HOMES			7419 15TH STREET, NW WASHINGTON, DC 20012			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFIDIENCIES MUST BE FRECEDED BY FULL SO IDENTIFYING INFORMATION)	ID PREFIX TAG	FROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	4 9HATH D 65	(XS) COMPLETION DATE	
	July 30, 2008 through full survey process. clients was selected femalas with various and disabilities.  The findings of the subservations at the programs, interview the review of clinical including incident re 483,410(a)(1) GOVII The governing body budget, and operating the strandard operating the facility's policy for five facility's policy for five facility. (Clients in The findings include:  The findings include:  1. Review of the Cite.	n survey was conducted from the Arandom sample of three is from a population of five is levels of mental retardation.  Survey were based on group home and two day is with clients and staff, and administrative records ports.  ERNING BODY  must exercise general policy, and direction over the facility.  Into the facility of the facility of the five clients residing in the of the five clients residing in #1, #2, #3, #4, and #5)	W 104	GOVERNMENT OF THE DISTR DEPARTMENT OF I HEALTH REGULATION AD 825 NORTH CAPITOL ST., N WASHINGTON, D.C	MEALTH MINISTRATION I.E., 2ND FLOOF C. 20002  e ent's #1, g at the ich the icy of s revised /s; physician duled nedical	1	
	the client's current phaged. Further reviewed an initial principal description about the consultation about incomment medications. Practical Nurse (LPN Director/Qualified Me	nysician orders were not saw of the medical records mary care physician ated July 25, 2008. The PCP dicated to continue with Interview with the Licensed Coordinator and Program		orders by 8/15/08 for all reat this facility.	esidents		
, n		AAANA DIRAK MENDERBURAN NA NAFA SIGNA	1URE	TITLE	<del></del>	XGI DATE	

Any deficiency statement ending with an esteriek (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ether esfeguerds provide sufficient protection to the patients. (See instructions.) Except for Aursing homes, the findings stated above are discipable 80 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are discipable 14 designations are discipable 14 designations.)

If designations are given an approved plan of correction is requisite to continued

08/08/2008 22:51 FAX 2024429430

HRA

STATEMEN	ERS FOR MEDICARE  NT OF DEFICIENCIES	& MEDICAID SERVICES			FORM OMB NO	/ APPROVED ), 0938-039
AND PLAN	OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION LDING	(X3) DAYE : COMPL	9URVEY
		08G221	B, WIN	G		
NAME OF	PROVIDER ON SUPPLIER				08/0	71/2005
MARJU	L HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 7419 18TH STREET, NW WASHINGTON, DC 20012		
(X4) ID	SUMMARY STA	TEMENT OF DEPICIENCIES		FROMDER'S FLAN OF CORRECT		·
PREFIX	REGULATORY OR LE	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODE TO THE APPRODE DEFICIENCY)	li A an "	COMPLETION DATE
W 104			W 1	The governing body revised its		
	approximately 2:30     Admission Policy rev	P) on July 30, 2008 at PM Indicated that the vealed that each client, prior ible or within ten days of		admission's policy for five clie Client's #1, #2, #3, #4, and #5 residing in the facility from 'ng	onts	8/15/08
	admission shall reca	rive a health inventory.		to admission if possible or with ten days of admission each clie shall receive a health inventory	nt to	
	record review, the fa telephone orders sig	ation, staff interview and cility's nurse failed to have ned as indicated in the policy (		reflect a change that each client shall upon admission receive a		
W 124	#1, #2, #3, #4, and #	ents in the sample. (Clients)		health inventory from a Primary Care Physician within 30 days'. This policy change was revised		
7, 127	RIGHTS	ÉCTION OF CLIENTS	W 12	presented at the time of survey.	ano	
	I neretore the facility	ure the rights of all clients. must inform each client, a minor), or legal guardian,		W 124		
	and behavioral status	i condition, dévelopmental 5. Standant risks of		On 7/1/08 Resident # 1 # 2, # 3 and # 5's did have residential ris	#4	7/1/08
.	treatment, and of the	right to refuse treatment.		Law 2-137 in addition to other	guts	
İ				applicable District and federal	,	
	dased ou obseivetion	not rnet as evidenced by:		laws. Resident #1 is on medication called Prozac 40 mg to address	- 1	
1.	review, the facility falls would ensure clients v	ed to establish a system that		targeted behaviors of bruxism an aggressive behaviors. Resident #	1	
1.	and benefits of their o three clients in the sai	tadication for one of the		did have her grandmother involve in her life however with the passi	ino I	
-	The finding includes:			of her guardian (grandmother) he legal representative (attorney) has remained actively involved in all	. !	}
<i>)</i> r	negication base on Ju	d during the morning		aspects of resident #1's life to biclude the habilitation planning		
	::::::::::::::::::::::::::::::::::::::	zac 40 mg. Review of the shis orders revealed that		residential placement, finances		
[	na cilent was brescrib	ed the aforementioned		treatment and medical matters to include potential risks involved in	1	
<i>}</i>	nedication. Interview	With the medication nume		using this medication and rights to		
	exequed fusit (US C(IQU)	was prescribed these		refuse treatment explanation	,	1

08/08/2008 22:51 FAX 2024429430

HRA

**(**015

DEPARTMENT	OF HEALTH AND	<b>HUMAN SERVICES</b>
CENTERS FOR	MEDICARE & ME	DICAID SERVICES

PRINTED: 08/07/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIENCLIA IDENTIFICATION NUMBER:		(XX) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
		09G221	B. WING_		00//	14 <i>1</i> 0860
,	PROVIDER OR SUPPLIER		7	REET ADDRESS, CITY, STATE, 2IP C 419 15TH STREET, NW VASHINGTON, DC 20012		<u> </u>
(X4) ID PREFIX TAG	Í (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		in smould be Eappropriate	COMPLETION DATE
W 249	Interview with the Li medications were in BSP dated April 10, behaviors that Inclu behaviors that Inclu behaviors.  Interview with the Q AM revealed that Ci involved in his lifts behavior and a half. Review Individual Habilitation 2:00 PM revealed thabilitation planning finances, treatment time of the survey, the evidence that the pothis medication, or in had been explained sanctioned represent 483.440(d)(1) PROCEAS AS SOON as the interformulated a client's each client must reconstructions and see and frequency to surpobjectives identified plan.  This STANDARD is	avioral management. Further PN revealed that the PN revealed that the acceporated into Cilent #1's 2006 to address targeted ded bruxism and aggressive.  MRP on July 30, 2008 at 9:30 fent #1's grandmother was ut died within the past year of Client #1's current in Plan (IHP) at approximately at the client did not have the sions on his behalf regarding that the client did not have the sions on his behalf regarding and medical matters. At the me facility failed to provide statist risks involved in using er right to refuse treatment to the client and/or legal attive. [See W263] BRAM IMPLEMENTATION  clisciplinary team has individual program plan, elive a continuous active consisting of needed release in sufficient number apport the achievement of the in the individual program.	W 124	Furthermore resident #1' guardianship application by her DDS case manage 6/13/08 and the residentia is awaiting a hearing date guardianship.	s medical was filed r on al director	
	Based on observation review, the facility fail	n, staff interview and record led to implement clients saff for two of the three clients in				

08/06/2008 22:52 FAX 2024429430

HRA

DEPAR	TMENT OF HEALTH	I AND HUMAN SERVICES				PRINT	ED: 08/07/2008	
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			_	FC OMB	RM APPROVED NO. 0938-0391	
STATEMEN AND PLAN	T of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(CQ) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		099221	8. W	NG		` <u> </u>		
NAME OF F	PROVIDER OR SUPPLIER			Gru.		0	8/01/2005	
JULHAM	HOMES			74	EET ADDRESS, CITY, STATE, 2IP C 19 10TH STREET, NW ASHINGTON, DC 20012			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG	TIX	PROVIDER'S PLAN OF OR (EACH CORRECTIVE ACTION OROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD RE E APPROPRIATE	COMPLETION DATE	
W 249	Continued From pay	ge 3	W	245	· · · · · · · · · · · · · · · · · · ·			
	The findings include	r:						
	July 30, 2008 at 7:20 to pour a cup of wat The medication nurs the client's medication so medications to the commedications to the commedications to the commedications to the commedications independently with the medications are client participates program. Review of Individual Program Prevealed a program client will punch out blister given by the notational months."  2. During the observed the Licensed Practicipation pass, on the Licensed Practicipation to administ the Licensed Practicipation and into a medication to the consumed the medication to the consumed the medication program. Sument was observed the medication program.	ilent and the client consumed spendently. The client was sup in the trash can. edication nurse indicated that is in a self medication the client's current amended lian (IPP) dated July 21, 2008 objective which stated, "[the her medications from one urse with verbal prompts ity across six consecutive stone of the evening July 30, 2008 at 7:25 AM, at Nurse (LPN) was observed at Client #3's medication, and only a finger stick. It was observed to punch out in from the blister package is southe cup, the LPN gave a client and the client attors independently. The object the cup in the trash			<ol> <li>On 8/7/08 the GH trained all medica nurses on proper and assistance to residents to incluresident #2 and # accordance with the Individual Hability plans.</li> <li>On 8/7/08 all Lice Practical nurses a facility were restricted nurses at facility were restricted in the opportunity for medication goals residents to incluresidents #2 and # implemented and exercised by all residents.</li> </ol>	ation training all de 3 in heir tation ensed t this sined on or self- for all le 3 to be	8/7/08	

08/06/2006 22:52 PAX 2024429430

HRA

**4**017

BTATEM	<u>TERS FOR MEDICARE</u> Ent of deficiencies	HAND HUMAN SERVICES  6 MEDICAID SERVICES  (M1) PROVIDER/SUPPLIER/OLIA			FOR	D: 08/07/200 M APPROVE: D: 0938-039
AND PLA	N OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	JLTIPLE CONSTRUCTION DING	(X3) DATE (COMP)	BURVEY
		09G221	B. WIN	<u> </u>		
NAMEO	F PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 21P CC	08/0	21/2008
MARJ	MARJUL HOMES			7419 16TH STREET, NW. WASHINGTON, DC 20012	<i>.</i> 02	
(X4) II PREFI TAG		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	FROMDER'S PLAN OF COL	COLOR BEEN	(X5) COMPLETION DATE
W 24	9 Continued From page	gs 4	W 24			<u> </u>
		with 100% accuracy for six	YY 24	19		
	Review of the Client (IPP) revealed a set included the followin	#3's Individual Program Plan f-medication program that ig steps:				
	The client will:				i	
	1. pick up bubble pa 2. push pill out for it 3. put pill onto the pa 4. pick up pill (s) 6. take medication; 6. drink water; and 7. put blister packag	ne day; late;				
W 252	medication program.	ce that the client was given rticipate in her seif-	W 252			
	l appointed in client indi	mplishment of the criteria Vidual program plan ocumented in measurable				
	review, the facility fails data had been collected	not met as evidenced by:  . staff Interview, and record ad to ensure that program ad in accordance with the an (IPP) for one of the three (Client #1)				
	The finding includes:					
	During the medication	observation pass on July				

08/05/2008 22:52 FAX 2024429430

HRA

DEPAR CENTE	TMENT OF HEALTH RS FOR MEDICARE	AND HUMAN SERVICES  & MEDICAID SERVICES				FQR!	D: 08/07/2008 M APPROVED
STATEMEN	T of deficiencies of correction	(X1) FROMDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	iultiple c	ONSTRUCTION	CMB NO. 0938-039* (X3) DATE SURVEY COMPLETED	
		09G221	M, WI	vĠ			0.410000
NAME OF J	RÓVIDER ÓR SUPPLIÉR			STREET	ODRESS, CITY, STATE, ZIP CODE	T RA	01/2008
	HOMES	1		7419 1	STH STREET, NW IINGTON, DC 20012		,
(X4) ID PREFIX TAG	(Each Dericiency	Tement of Deficiencies Must Be preceded by full Be identifying information)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORREC (PACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	TION ULD BE LOPRIATE	COMPLETION DATE
	30, 2008 at 7:05 All pouring a cup of was assistance from the was observed to purblister package, gave client. The client too independently and professed Practical Northwest the client administrations, only August 1, 2008 at agreealed an objective will get a glass of was per month across six Review of the date a approximately 10:00 performed the staps falled to document direquired by the plantage of the committee should be committee the performed that is approximately 10:00 performed the staps falled to document direquired by the plantage. The committee should be committeed in the opinion of the colient protection and the staps of the committee the performed the staps of the committee should be considered to the colient protection and the staps of the colient protection, the facility restrictive measures the pour and Rights Committee the committee the colient protection and the colient protection, the facility restrictive measures the pour and the colient protection and the colient protection, the facility restrictive measures the pour and put the colient protection and the colient protection, the facility restrictive measures the pour and put the collection and the collec	M, Client #1 was observed ter with hand over hand medication nurse. The nurse net the medication cup to the athe medication nurse and the dication nurse and the aself during the evening of the IPP on a proximately 6:45 AM e which stated, "[the client] attar 75% of the opportunities at consecutive months." heat on August 1, 2008 at AM revealed that the client independently. The facility ata in the form and frequency GRAM MONITORING & Id review, approve, and organs designed to manage or and other programs that, committee, involve risks to	W 2	V C W dd # ai F W ol fig to sp in	on 3/7/08 all medication nurse ere re-trained on proper ocumentation relevant to Clie 1's self-medication goal as well remaining clients at this facinthermore the RN of the facinith conduct routine medication exervations AM/PM on the cility to ensure that data relations accomplishment of the criteristicified in all clients individual ogram objectives are docume measurable terms.	nt ell as ility. lity  ive ia	8/7/08

08/08/2008 22:53 FAX 2024429430

HRA

		AND HUMAN SERVICES  A MEDICAID SERVICES			FOR	U: UM/07/200 M APPROVEI
STATEME	INT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIFLE CONSTRUCTION LDING	(X3) DATE	0. 0938-039 SURVEY LETED
		89G221	B, WIN	lG		(G4 /2 0 A O
NAME OF	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 21	CODE	01/2008
MARJL	JL HOMES			7410 19TH STREET, NW WASHINGTON, DC 20012		
(X4) ID PREPIX TAG	PREPIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PRSFI; TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION DATE
W 262	1. The facility falled Behavior Managem psychotropic medic approved by the HR On July 30, 2008 at observed to receive and the record revie behavior managements agreed behaviors, that the client has a maladaptive behavior aggression. A requirable of the the client has a revealed that they falled separately to measures 2. The facility falled Behavior Management psychotropic medical approvad by the HRO On July 30, 2008 at a observed to receive subsequent record withat the client was also in the evening. Intensive work the BSP or current EMP to address Review of the BSP or current EMP to address of obsession behaviors of obsession.	I to ensure that Client #1's ent Plan (BMP) and ations were reviewed, and c.C.  7:06 AM, Client #1 was Prozac 40 mg. Interview of the client has a ent plan (BMP) to address her Review of the BSP confirmed current BMP to address her current BMP to address her ora of bruxism and perceived the HRC minutes on peroximately 10:00 AM, cility failed to review the for Client #1, to ensure that Client #3's ent Plan (BMP) and tions were reviewed and construction, it was determined as prescribed Risperdal 2 mg ricew and the record review as a behavior management as her targeted behaviors.  The formulation of the product and the client has a less her maladaptive.	WZ		ed its HRC Ove and programs ppropriate grams that tC s to client hts for lanagement nedications sychotropic committee	8/28/08
W 263	neitucinations. A required August 1, 2008 at apprevented that they fact restrictive measures for the structure of the structu	uest of the HRC minutes on proximately 10:00 AM, lility falled to review the	W <b>26</b> 3			

08/06/2008 22:53 FAX 2024429430

HRA

**2**020

DEPAP CENTE	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE	OMB NO. 0938-039 (X3) DATE BURVEY COMPLETED	
		08G221	B. WIN	G		nd mane	
	NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STAYE, ZIF C 7419 18TH STREET, NW WASHINGTON, DC 20012		01/2008	
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PRÉFI TAG	PROVIDER'S PLAN OF CO	N SHOULD BE EAPPROPRIATE	COMPLETION DATE	
W 263	The committee short are conducted only consent of the client minor) or legal guan. This STANDARD is Based on observation review, the facility facilient's behavior into the use of behavior inconducted with the view, the client, parents (if	uid insure that these programs with the written informed to parents (if the client is a disn.  I not met as evidenced by: on, staff interview and record ited to ensure that each invention technique, including modification drugs was written informed consent of the client is a minor) or legal he three olients in the	W 2	Client # 1 is awaiting gua hearing; however client # attorney is actively involva aspects of her life. Client attorney was informed of medications to include be modification drugs. Further resident #1's medical guan application was filed by he case manager on 6/13/08 a residential director is awai hearing date for guardians	1's legal red in all #1's all havior ermore rdianship er DDS and the ting a		
	to the use of restrict! Client #1's BSP. [Se 483.460(c) NURSING The facility must provide in accordant This STANDARD is Based on observation raview, the facility's not been provided in the five client for five of the five client #1, #2, #3, #4, and #4 The finding includes: On July 30, 2008 at 7	SERVICES  /ide clients with nursing ca with their needs.  not met as evidenced by; n. staff interview and record urae failed to have ned as indicated in the policy nts in the sample. (Clients	W 33	The facility's primary carphysician failed to sign the telephone orders for Clien #2, #3, #4, and #5 residing facility, in accordance with facility's admission's policy within ten days which was to reflect within thirty day however the primary care because of advanced schedappointments within her approactice will sign these teleorders by 8/15/08 for all not this facility.	e  at 's #1,  at the  th the  cy of  a revised  s;  physician  duled  nedical  sphone	8/15/08	

at this facility.

05/06/2008 22:53 FAX 2024429430

HRA

2021

CENT	ERS FOR MEDICARI	HAND HUMAN SERVICES & MEDICAID SERVICES			FOR	D: 08/07/20 MAPPROVE
ISTATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION LDING	(X3) DATE SURVEY	
		09G221	e, Win	IG	1	
Name of	PROVIDER OR SUPPLIER			STORET ANDONES AND A	08	<u>/01/2008</u>
<del>_</del>	L HOMES			STABLE ADDRESS. OITY, STATE, ZIP CODE 7419 15TH STREET, NW WASHINGTON, DC 20012		
(X4) ID PREFIX EAT	REQULATORY OR L	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PARFI TAG	PROMOER'S PLAN OF COMPE		DOMPLETION DATE
W 393	units. Interview with indicated that the clidiabetes malifus. Fighty 3, 2008, for Norwall 19, 2008, for Norwal	the medication nurse lent had a diagnosis of Review of the the client's paled a telephone order dated volin (70/30 human insulin) 24 that had not been as Primary Care Physician that had not been the Licensed Practical just 1, 2008 at approximately that the facility's policy stated, be counter-signed by the next visit to the program after the clients visit the PCP with the medical records many care physician attract July 25, 2008, that with current medications, RATORY SERVICES a provide laboratory services, need the requirements of this chapter.  The medical record by:  Interview and	W 3g:	31	art Act hat ce, for	8/8/08

08/06/2008 22:54 FAX 2024429430

HRA

**2**022

DEPARTMENT OF HEALTH AND HUMAN SERVICES  CENTERS FOR MEDICARE & MEDICAID SERVICES						FOR	D: 08/07/2008 M APPROVED
STATEMENT	T OF DEFICIENCIES	(X1) PROVIDER/QUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE	O. 0938-0391
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BU	ILDIN	49		LETED	
<u> </u>		D9G221	B. Wn	NG_			loe (none
NAME OF P	ROVIDER OR SUPPLIER			STA	REET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	01/2008
MARJUL			İ	7	419 16TH STREET, NW Washington, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PRÆF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	11100=	COMPLETION DATE
EBE W	Continued From pa	ge 9	W	393			
	August 1, 2008, revidiagnosis of diabete human insulin twice	ealed that Client #2 had a as melitus and was prescribed a day to treat this health of's glucose measurement was	-				
	observation on July nurse was observed glucose test on Clien Interview with the nur August 1, 2008, revedlagnosis of diabete human insulin twice	ing medication administration 30, 2008 at 7:25 AM, the illiperation and performing a fingeratick north 3 using a glucometer, urse and record verification on saled that the client had a similitus and was prescribed a day to treat this health the glucose measurement was no.					
	review of records on revealed that the pro- certificate of waiver a Clinical Laboratory in perform laboratory so monitoring in the fac	esignated nurse and the August 1, 2008 at 11:00 AM wider does not have a as required by part 493 of the approvement Act (CLIA) to arvices, such as glucose allity. This information will be atory surveyor for review.					
						ı	
		·		ŀ			

08/05/2008 22:46 FAX 2024429400

HRA

Ø 004

PRINTED: 08/07/2008 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION DENTIFICATION NUMBER:		RICLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		19G221		B. WING		08/04/2009		
NAME OF	PROVIDER OR SUPPLIER		CA TERRIT	DREES, CITY	STATE, ZIP CODE	08/01/2008		
MARJU	L HOMES		7419 16T WASHING	TH STREET, NW GTON, DC 20012				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY 60 IDENTIFYING INFORMA	FIII 1	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	LIEDER DE LA ANGEL		
	2008 through August federal certification three residents was five females with varetardation and disa. The findings of the subservations at the programs, interviews the review of clinical including incident re-	ras conducted from a st 1, 2008 during the survey. A random a selected from a population of menta bilities. Survey were based of group home and two a with residents and land administrative reports.	Initial sample of ulation of st  day staff, and	1 000	GOVERNMENT OF THE DISTRICT DEPARTMENT OF HEA HEALTH REGULATION ADMIN 825 NORTH CAPITOL ST., N.E. WASHINGTON, D.C. 2	NISTRATION , 2ND FLOOR		
Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties.			1 206	The administration will ensure the Primary Care Physician, Psychologist, Physical Therapis Nutritionist and staff #13 health certificates will be evident in the personnel files at the HR department by 8/15/08.	<b>t,</b>			
	This Statute is not measured on interviews facility failed to ensure consultant staff provincentories as require pertaining to health (2 Section 3509.6).	and record raview, the that four (4) of its ded copies of currented by State regulation	t health					
	The finding includes: The State regulatory of personnel records time there was no evil physician, Psychological control of the state of	on August 1, 2008, a dence that its Primar	it which					
	tion Adm <del>inistratio</del> n							

LABORATORY DIRECTOR'S OR PROVIDENCUPPLIER REPRESENTATIVE'S SIGNATURE

(X4) DATE

if continuation sheet 1 of 7

08/06/2008 22:48 FAX 2024429430

HRA

Ø 005

PRINTED: 08/07/2008 FORM APPROVED

AND FLAN	nt of deficiencies of correction	(X1) PROVIDER/SUPPLI IDENTIFICATION NO D9G2Z1	ER/CLIA JMBER;	A BUILD! B. WING	·	(X3) DATE GOM	6URVE LETED
NAME OF	PROVIDER OR SUPPLIER		STREET A		STATE, ZIP CODE	08	<u>/01/200</u>
MARJUI	L HOMES		7419 161 WASHING	H STREET, STON, DC 2	NW ·		
(X4) ID PREFIX TAG	I ISAVA DARIGICALI	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SO IDENTIFYING INFORM	9	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPRODRIATE	COM
I 208	carinostes on hig.	ge 1 ff#13 had current he ON AND TRAINING		1206			
	Each GHMRP shall and assistance to rethe resident 's Indiv. This Statute Is not research on interview a GHMRP failed to prote residents in according in the control of the residents in according in the control of the residents in according in the control of the	provide habilitation, sidents in accordance idual Habilitation Planet as evidenced by: and record review, the wide training and assidence with the their plans for two of the the sample. (Residents	training ce with n.	422	1422		
Se se se se se se se se se se se se se se	pay 50, 2008 at 7:20 abserved to pour a consistence. The med punch out the residuate packages into a punch out the medications on sumed the medications observed and interview with the dicated that the residuation program, arent amended individually 21, 2008 rehich stated, "[the residuations from one the varbal prompts 75 cross six consecutive During the observations from observations of the consecutive during the observations are prompts 75 cross six consecutive.		mail served m six cup, cilent The e trash self int's (IPP) pjective her uurse		1. On 8/7/08 the GHN trained all medicate nurses on proper to and assistance to all residents to include resident #2 and #3 accordance with the Individual Habilitate plans.  2. On 8/7/08 all Licent Practical nurses at the apportunity for a medication goals for resident #3 to be implemented and exercised by all residents.	ion aining ll in eir tion sed his ned on self- r all	8/7/08 8/7/08

08/08/2008 22:49 FAX 2024429430

HRA

**⊠** 006

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	₹∕CLIA IBER:	(X2) MULT A. BUILDIN B. WING			E SURVEY IPLETED
-1		D9G221	ABB	1.			3/01/2008
	Provider or Eurplier L <b>Homes</b>		7415 16TH	STREET,	STATE, ZIP CODE NW C012		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	71411	ID PREFIX TAG	PROVIDER'S FLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T OLFICIENC	ion should be Heappropriate	(X3) COMPLET DATE
1422	observed preparing medication. The Langer stick, and suresident's medications to the independently, and trash can. Interview indicated that the immedication program current amended it dated July 21, 200 which stated, "[the when administered consecutive month Review of the Resident Will:  1. pick up bubble packed that included the formation of the pick up pill (s) take medication; and 7. put blister packed There was no evidentiation.	tical Nurse (LPN) was a to administer Reside PN was observed doing to be provided to the participate of the cup. The LPN consumed the client who consumed the client who consumed the client participates in Review of the resident participates in Review of the resident program Plans revealed a program Plans revealed a program of the resident; will take med with 100% accuracy to a self-medication provided the day; plate; the day; plate; the participate in her self-medicate in her self-medica	nt #3's ng a ut the skage gave the them up in the nurse a self ent's n (IPP) bbjective ications or six ogram gram	422			
	The habilitation and	TION AND TRAINING training of residents by le, when appropriate, b lowing areas;	v the	136			

08/06/2008 22:49 FAX 2024429430

HRA

**2**007

Statemen and Plan	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIS IDENTIFICATION NU D9G221		(X2) MULTI A. BUILDING B. WING		COMPL	DATE SURVEY DOMPLETED 08/01/2008	
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	08/0	)1/200 <u>8</u>	
MARJUL	HOMES	· · · · · · · · · · · · · · · · · · ·	WASHING	H STREET, N STON, DC 20	IW 0012			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	' FULL	PREFIX TAG	Provider's Plan of Corre (Each Corrective Action Sh Oross-Referenced to the App Deficiency)	OUID de	(XS) COMPLET DATE	
	use and self-admir ald, care and use of devices, preventive This Statute is not Based on interview GHMRP failed to p to residents in accordants in accordants.	cluding skills related to distration of medication of prosthetic and orth- e health care, and said amet as evidenced by and record review, to and record review, to provide training and a cordence with the residence on Plan for two of the in the sample. (Resi	on, first otic fety);  /: he esistance dent's ethree	1436	On 8/7/08 the GHMRP retrained all medication pas nurses on habilitation and training to residents in the following areas to include health care (including skills related to nutrition, use and self-administration of medication, first aid care an use of prosthetic and entotic devices, preventive health at safety.	8/7/08		
	1. During the medically 30, 2008 at 7:2 observed to pour a assistance. The medications indicate packages into punch out the restricted medication nurse in participates in a sell recipion of the residindividual Program 2008 revealed a program at the resident will perform the bister give prompts 75% of the consecutive ments.  2. During the observed preparing	leation pass observate 20 AM, Resident #2 vicup of water with minadication nurse was addent a medication from the client who clependently, and discondicated that the resident sourcent amende Plan (IPP) dated July ogram objective which unch out her medicated to the resident of the control of	vas nimal observed com six le cup, onsumed arded the lent id 21, on stated, lions verbal lx	•	<ol> <li>On 8/7/08 the GHMRP trained all medication nurses on proper training and assistance to all residents to include resident #2 and #3 in accordance with their Individual Habilitation plans.</li> <li>On 8/7/08 all Licensed Practical nurses at this facility were re-trained of the opportunity for participation of self-medication goals for all residents to include resident #3 to be implemented and exercised by the residents.</li> </ol>	g n	8/7/08 8/7/08	

08/06/2008 22:49 FAX 2024429430

HRA

**₫**008

	nt of deficiencies of correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA IMBER:	9. WING (X2) MUL		(X3) DATE COMP	SURVEY LETEC
	<del></del>	09G221	<del></del>			D8/	01/2008
NAMEOF	PROVIDER OR BUPPLIER	•_	1		STATE, ZIP CODE		
MARJUI	L HOMES		WASHING	H STREET, STON, DC	NW 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Tement of deficiencie Must se preceded by Scidentifying informa	FULL	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE HE APPROPRIATE	GOMPLETE DATE
1 438	Continued From pa	ge 4		1436			<del></del>
	repldent's medication to a medications to the consumed the medithen discarded the consumed with the medications with the medication program. Review of amended Individual July 21, 2008 reveal stated, "[the residen administered with 10 consecutive months	ent#3's Individual P s self-medication pro	ackage gave the nt ly, and sated that ation nt dated tive which ns when				
1 500	1. pick up bubble pa 2. push pill out for tr 3. put pill onto the pi 4. pick up pill (a) 5. take medication; 6. drink water, and 7. put blister packag There was no eviden given the opportunity self-medication programmed programmed in accordance that the rights of resident protected in accordance chapter, and other apages.	ne day; late; les away. lice that the resident in her rem. RIGHTS Ince director shall en dants are observed ance with D.C. Law 2-	sure ind	1 500			

08/08/2005 22:50 FAX 2024429430

HRA

**4**009

STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(XZ) MULT A. BUILDIN B, WING		(X3) DATE S COMPL	BURVEY
	090221	T			08/0	1/2008
NAME OF PROVIDER OR SUPPL		1		STATE, ZIP CODE		
MARJUL HOMES	·	7419 16TI WASHING	H STREET, ETON, DC 2	NW 0012		
PREFOX (EACH DEFICI	Statement of Deficiencie NCY MUST BE PRECEDED BY OR LSC IDENTIFYING INFORM	`≠u <u>LL</u>	ID PREFIX TAG	PROMDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	QULD BE	OMPLETE DATE
Based on observeriew, the GHP protections of endings income for the findings income for the resident #1 medication pass was administered resident current the resident was medication. Interview with the medications for interview with the medications were BSP dated Aprill behaviors.  Interview with the medications were strong with the past year within the past year within the past year ability to make disability  not met as evidenced by vation, interview and red iRP failed to ensure the sch realdent rights for fix cluded in the facility. (R nd #5)	e of the esidents emarning & AM and wof the aled that entloned on nurse ident #1's geted gressive etcly 2:00 we the egarding ent, At the ovide in using	1 500	On 7/1/08 Resident # 1 # 2, # and # 5's did have residential in place in accordance with D. Law 2-137 in addition to other applicable District and federal laws. Resident #1 is on medicalled Prozac 40 mg to address targeted behaviors of bruxism aggressive behaviors. Resident did have her grandmother invoin her life however with the particular of her guardian (grandmother) legal representative (attorney) remained actively involved in aspects of resident #1's life to include the habilitation planning residential placement, finances treatment and medical matters include potential risks involve using this medication and right refuse treatment explanation. Furthermore resident #1's medication was found by her DDS case manager on 6/13/08 and the residential directions awaiting a hearing date for guardianship.	rights C ation s and t # 1 olved ussing her has all ug, s, to d in ts to	7/1/08	
sanctioned repre	ed to the resident and/o sentative. [See W283]	n iegai				

08/08/2008 22:50 PAI 2024429430

HRA

**△**010

PRINTED: 08/07/2008 FORM APPROVED

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/GLIA MBER:	(X2) MUL' A. BUILD! B. WING		(X3) DATE SI	URVEY ITED
		09G221	·	1		08/G	1/2008
NAME OF P	PROVIDER OR SUPPLIER		í e		STATE, ZIP CODE		
MARJUL	. HOMES		7419 16TH WASHINGT	STREET, ON, DC :	NW 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
1 500	Continued From pa	ge 6	į	1 500	1		· · · · · · · · · · · · · · · · · · ·
	2. See W262		1				
	2. 000 11202					ļ	
			ļ				
			}				
			- [				
			ļ	•			
1		•	1				
			ļ				
						į	
			i 1		j	}	
	•						
						i	
			}	i			
1			}			i	
			}				
				1			
}			1				
			1	ľ	r I		
							}
							1
	•		Ì				
			i I			}	
						•	ļ
				1			ì
				ļ			
Ì			\$				l
							- 1
eith Regulat	ion Administration						

STATE FORM

6890

G7F111

If continuation sheet, 7 of 7

08/08/2008 22:50 FAX 2024429430

HRA

**2**011

PRINTED: 08/07/2008 FORM APPROVED

	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIE		(X2) MULT A. BUILDII B. WING	TIPLE CONSTRUCTION	(X3) DATE 8	
NAME DE D		08G221	DTOSET AT	DEFEN 0170	APARA NILAARA	Q8/0	1/200B
MARJUL	ROVIDER OR SUPPLIER HOMES		7419 18T	H STREET, STON, DC			
(X4) ID PREFIX TAG	(Each Deficienc	Atement of Deficiencie Y must be preceded by BC identifying inform	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TIÔN SHOULD BE THE APPROPRIATE	Q(6) COMPLE DATE
R 000	2008 through Augustederal certification three residents was five females with varietardation and discrete findings of the observations at the programs, Interview	Was conducted from list 1, 2008 during the survey. A random selected from a poperious levels of mentions.	e initial  sample of a  sulation of al  on  oday  staff, and	R 000	HEALTH REGULAT 825 NORTH CAPITO	EDISTRICT OF COLL NT OF HEALTH ION ADMINISTRATIO	N
	including incident re 4761.5 BACKGROI The criminal backg criminal history of the contract worker for in all jurisdictions we employee or contra- resided within the a check. This Statute is not Based on the raviev failed to ensure criminal disclosed the criminal employee or contra- seven (7) years, in a the prospective employee worked or resided we to the check. The finding includes	eports.  UND CHECK REQUITION OF CHECK REQUITION OF CHECK REQUITION OF CHECK SHALL DISTRIBUTE TO THE PROSPECT WORKER HAS EVIDENT OF ANY PROSPECT OF CHECK REPORTS OF CHECK REPORE	REMENT sclose the syee or 7) years, ective or the war or the spective rious which was ears prior	R 125	R 125  The GHMRP since the a of this facility on 7/1/08 acquired background chewere transferred with preservice provider within pfiles; however the admining the process of acquiring background for all direct at this facility by 8/29/08	had ecks that evious ecrsonnel distration is g new core staff	8/29/0
(	revealed the GHMR		/idence		ogra Direct	ar 8.15	

STATE FORM

\_\_\_\_

97Fi11

If continuation sheet 1 of 2

08/06/2008 22:50 FAX 2024429430

HRA

**4**012

PRINTED: 08/07/2008 FORM APPROVED

if continuation sheet 2 of 2

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: 09G2Z1	A. BUILDING B. WING		COMPL	BURVEY ETED 01/2008
NAME OF P	ROVIDER OR SUPPLIER	STREET /	NDDRESS CITY, S ITH STREET, N NGTON, DC 20	IW .		**********
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE
R 125	Continued From pa	age 1	R 125	·		
	responsibility for th	ils facility.				
ļ						<b>]</b> .
		•				
				•		
					•	
i						
. 1						
.						
	•					
ľ						
W. W	(Ion Administration			<del></del> -		<u>İ_</u> _

G7FI11